

UNDERSTANDING

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CENTREDNESS



Child Resource Centre



Centre for Health Education, Training and Nutrition Awareness (CHETNA) is a non-governmental organisation whose mission is to assist in the empowerment of disadvantaged women and children to gain control over their own, their families and communities health. This process includes imparting appropriate training and education to members of the community and emphasizing on the preventive and promotive aspects of health, nutrition and childcare. Enclosed folder and newsletter will give you more details on our activities and programmes. CHETNA also develops a wide variety of health education material which are detailed in the enclosed latest publications information.

As a part of its activities with children, during June, 1991, CHETNA initiated a **Child Resource Centre (CRC)** which is a central exchange for ideas on planning, implementation, evaluating and propagating Child Centred Health Education programmes. Focussing on different age groups as : Early Childhood Care and Development (ECCD) for 0-6 years. Intervention in formal and non-formal educational programmes through promotion of activity oriented approaches like Child to Child approach for 6-14 years. Health and development of adolescents for 14-18 years. The emphasis is building capacities of functionaries in the areas of training, providing support qualitative research, networking and participatory evaluation. Need-based education and training materials is developed and disseminated for effective exposition of ideas.

UNDERSTANDING CHILD CENTREDNESS



Child Resource Centre

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PREFACE

About 40 % of human resource in India consists of children. It is therefore, very important to ^ru_ture this agile group in order for them to develop to their fullest potential.

The present health, education and development programmes either see children as liable recipients or passive beneficiaries of the system. There is no scope of participation and action on the part of children in them. This situation leaves children dependent and vulnerable in the hands of adults.

Can a child be sure of her/his healthy survival ?

Can a child question the kind of health information given in school ?

Can a child have access to health information who does not have a system like school to fall back upon ?

Can an adolescent quench her/his curiosity about sex information without turning to undesirable means ?

The society has to create an atmosphere where children can be active partners in health, as they too have a stake in the matter.

The Child Resource Centre envisages a society where empowered, healthy and happy children can become active partners for their own health, and that of their families and communities.

CRC Team

is a multidisciplinary committee of experts from various fields of health and education, including medical, nursing, social work, psychology, education, nutrition, dietetics, physiotherapy, speech pathology, occupational therapy, and recreation.

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Understanding children

Potent with energy and gusto, the child comes in this world with certain innate capacities and feelings. The moment s/he is born s/he makes efforts to learn. S/he tells us when s/he is hungry, sleepy or uncomfortable. Slowly with the process of socialization s/he starts conveying and accepting messages in a form that the adult can understand.

Interaction plays a major role in the life of human beings, more so with children. The child's behavior is influenced by adult and the adult is also influenced by the child. For the people working with children it is very important to realise and accept that child can also influence adults.

Perceptions about children differ from person to person. Children are either viewed as miniature adults or as wet clay which needs to be moulded in the "right" way. Often we attribute adjectives like "innocent", "curious" or "stubborn" or dismiss children as "poor-things".

But those of us who are working with children often feel that these perceptions do not do justice to a child's personality. A child is much more than a few common adjectives. And so, we continue to question the prevailing perceptions about children.

How do development programmes view children?

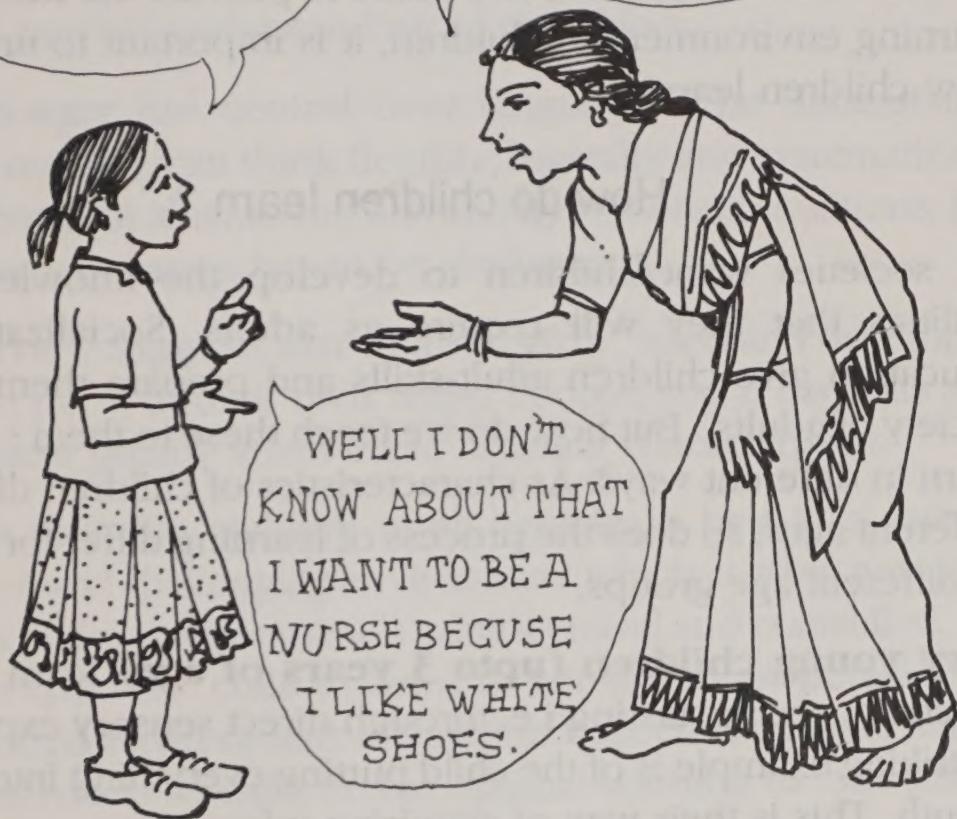
Unfortunately, often even development workers view children as passive beneficiaries of their services. Since most of the programmes are based on perceptions of adults, they see them as mere receivers. The main assumption underlying this is that children need to be developed or changed in the correct way. Many programmes have a welfare orientation, which further reduces the child's participation in her/his own development, to the minimal level of "being available".

The point that concerns us, as people working with/for children, is that rarely, if at all, do we consider children as individuals in their own right.

Children, like adults, are individuals in their own right. What is important to an adult need not be important to a child at all, at a given point of time. It is important to understand intellectually and to realise emotionally that children's perceptions are different from those of adults, sometimes in extremely unexpected ways.

MOM, I HAVE
DECIDED THAT
I'LL BE A NURSE
WHEN I GROW UP.

HOW DID YOU HAPPEN
TO DECIDE THAT? I ALWAYS
KNEW DEAR, THAT YOU
WOULD SERVE
PEOPLE.



Children have characteristics, which are closely related to their abilities and needs. These bear a direct relationship to their age. Children are capable of being equal partners in their development if provided with appropriate opportunities, environment, support and disciplined guidance. The extent of their development and learning will depend on the type of environment we are able to provide to them. In order to be able to provide the best possible learning environment to children, it is important to understand how children learn.

How do children learn ?

All societies want children to develop the knowledge and abilities that they will require as adults. Socialization and education give children adult-skills and prepare them for the society of adults. But how do we teach these to them ? Children learn in different ways. As characteristics of children differ with different ages, so does the process of learning differ for children of different age groups.

Very young children (upto 3 years of age) learn best by touching, seeing, tasting i.e. through direct sensory experience. A striking example is of the child putting everything into her/his mouth. This is their way of acquiring information.

Young children (between 3 and 7 years), are facile in the use of language. They learn mainly through play, observation and imitation.

For older children (between 7 to 11 years), maximum learning takes place when actual objects are given to them. The child explores, manipulates and fiddles with the object. This improves her/his understanding of the object.

The **teen-ager** has control over language. S/he understands complex matters, can think flexibly, logically and systematically and understands abstract matters and hypothetical situations. For teen-agers, education has to be challenging.

This overview suggests that children grow, learn and develop at their own pace, in their own ways. People, social contexts and environment greatly affect these learning characteristics.

It can be said that children of all ages learn best in a secure, supportive and challenging environment which, is often provided by adults. If the environment is adult-centred and controlled, we can not expect the child to learn to her/his fullest potential. A child-centred environment is thus the best environment which can be provided to children for optimal learning to take place.

What is child-centredness?

Child-centredness is basically a point-of-view, an ideology of the development community working with children. A child-centred approach of teaching-learning views the child as an individual, a life which has something divine, unique, something of her/his own.

The approach takes into consideration the age, characteristics, interests and abilities of the child. On one hand, it remembers the uniqueness of the individual child, and on the other, it keeps the developmental needs of different age-groups in mind. It is her/his needs and interests that will determine the direction of the development process.

Child-centredness is

- having shelves and tables at the child's level, organising the environment around the child in such a manner that everything is accessible to the child and such that it encourages exploration, discovery and experimentation
- saying "very good" from the heart when Raju makes a paper boat, encouraging a child when s/he tries to do something new

- asking Geeta, “do you want to play indoors or outdoors?”, allowing the child to make her/his own choice
- giving an artistic child art-equipments s/he requires and a child interested in sports, play materials, taking the child’s interest into consideration
- keeping a night-lamp burning for a child who is afraid of being in the dark, being observant and sensitive towards the child’s emotions and mood fluctuations
- “why do birds sing?” Birds sing because....., answering/ trying to answer all the numerous questions that a child voices out, out of curiosity
- saying, “oh, it’s a little untidy, shall we try again?” instead of “you dirty kid, what have you done?”, recognising that children have the right to make mistakes and that it is a natural part of the learning process, rather than blaming them
- asking, “what did you do yesterday after going home?”, encouraging children to open-up and communicate

Child-centredness is, recognising that every child has innate potential; giving the child many opportunities to learn; accepting that every child is different from every other child, but at the same time some traits are common across children.

Role of an adult

The role of an adult is very crucial in the process of child-centred learning. It is that of a **FACILITATOR**, i.e. someone who assists the child to attain her/his potential.

Child-centredness implies that a facilitator should be well aware of the child's character, background, abilities, interests, developmental level, pace of learning, type of peer interaction, earlier learning of the child and level of information as well as know about the school and other organisations that the child has been associated with.

Providing the “cafeteria approach” (providing choices to the child in the learning process) is the key element in the child-centred approach.

Steps towards achieving child-centredness

Most of us begin with a didactic approach of teaching-learning. We realise that this does not contribute to the development of children. Then we slowly move towards activities, which remain mere activities for some time, or for ever if we are not conscious enough. Later we realise that it has to be activity and experience based learning. From here we reach a stage where we reach

child-centred teaching-learning process. The final stage of the process could be child-initiated process, but the crucial role of the adult is in child-centred activities.

For this process to take place, the adults need to be pro-active. To reach the level of child-centred teaching-learning process :

- (a) the adult should know that the child's development is a function of the variety and complexity of activities the child engages in. Hence, the adult should select and provide a variety of experiences to children
- (b) adult and child should be involved in a reciprocal, mutual, positive relationship. This facilitates learning for the child
- (c) the adult should provide opportunities to the child to interact with persons in many different roles
- (d) link should be established between the child's home (living place) and school (learning place) or wherever the programme is running. This will make the learning coherent and life-relevant, and at the same time provide support to the child
- (e) posing achievable challenges and giving responsibilities to children will enhance their development and leadership qualities. The education thus provided will prove to be relevant and life useful

(f) “Practise what you preach”. The adult should provide a role model to the child because observation and imitation are two important ways by which children learn

In short, the adult has to create an environment which is conducive to learning for children.

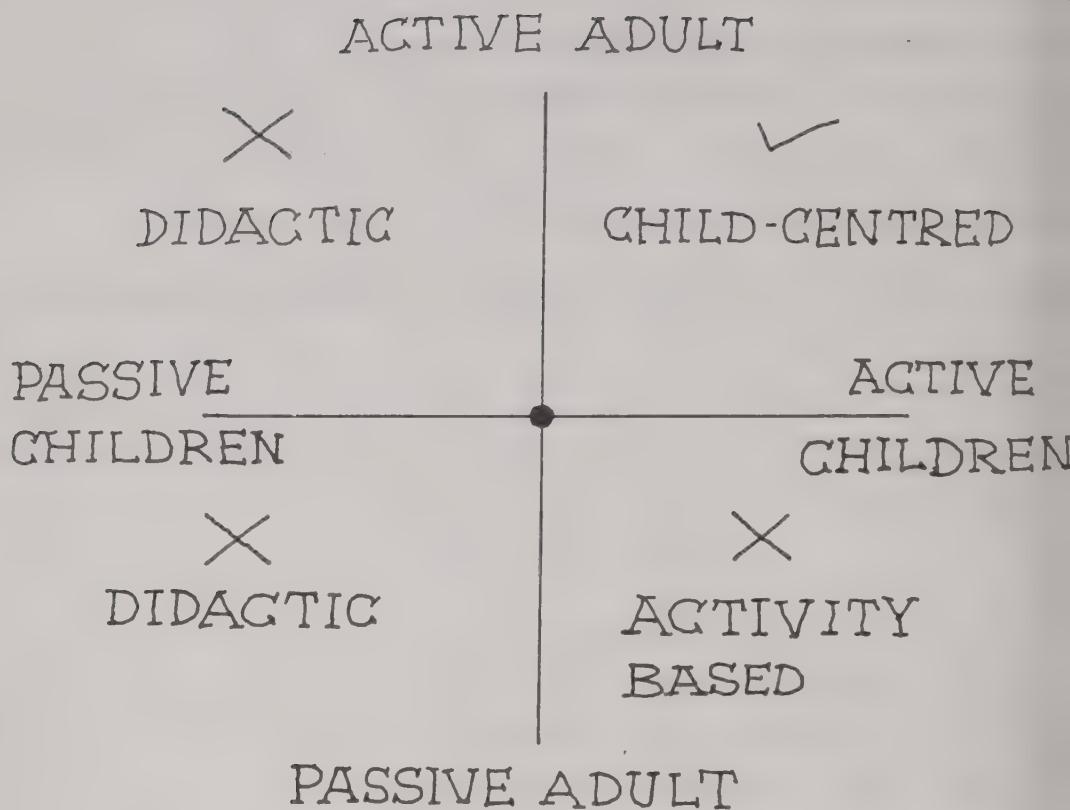
Ensuring child-centredness in the activity

Every child, as every adult, learns in her/his own way and at her/his own pace. It is very important to realise that the child needs facilitation in learning. The child cannot learn in isolation. As mentioned earlier the adult’s behaviour affects the child and the child’s behaviour in turn affects the adult. The process between a child and an adult is always interactional.

In the learning process, every child needs “help”, but every child being different from the other needs different levels of help. The important aspect of the teaching-learning process is to realise the level of the help required by each individual child. Once this is known and the inputs are provided accordingly, the child can take leaps in learning process and can also lead her/himself to self-initiated learning.

In order to ensure child-centredness, involvement of the adult and the children in the learning process, needs to be analyzed. It must be made very clear at this juncture that one is not by any means evaluating the capacities or the knowledge of the adult. The adult working with the child may be a highly committed, intelligent and capable individual, but may not be able to provide a suitable environment which could enhance the learning process.

A grid model can be used to summarize this understanding.



As it can be seen from the above model, only a process where adult and children, both are active in the learning process, is a child-centred process. Experience says that a facilitator can be active only if s/he has learned through active methods. This brings in a vital point of introducing activity-oriented curriculum in the teachers' training institutions. All the other combinations mean one or the other level of involvement. Here, it does not mean that learning cannot happen. Accidental learning might happen during these encounters. But since the process is out of control, the learning may or may not be coherent. The child might fail to relate it to her/his real life situations and since there might not be any planned follow-up, the learning might not have a lasting effect.

As mentioned earlier, let us clarify that even though the adult might be a very committed and sensitive individual, s/he might be very active apparently or at least intends to be so, but if s/he fails to be actively involved in the learning process, the learning is not child-centred. A good example of this phenomena is the teacher in formal school who is very competent at the subject, but fails to involve children in the learning process. These adults are unable to make a positive emotional impact of the learning and the learning only remains at an intellectual level which is soon

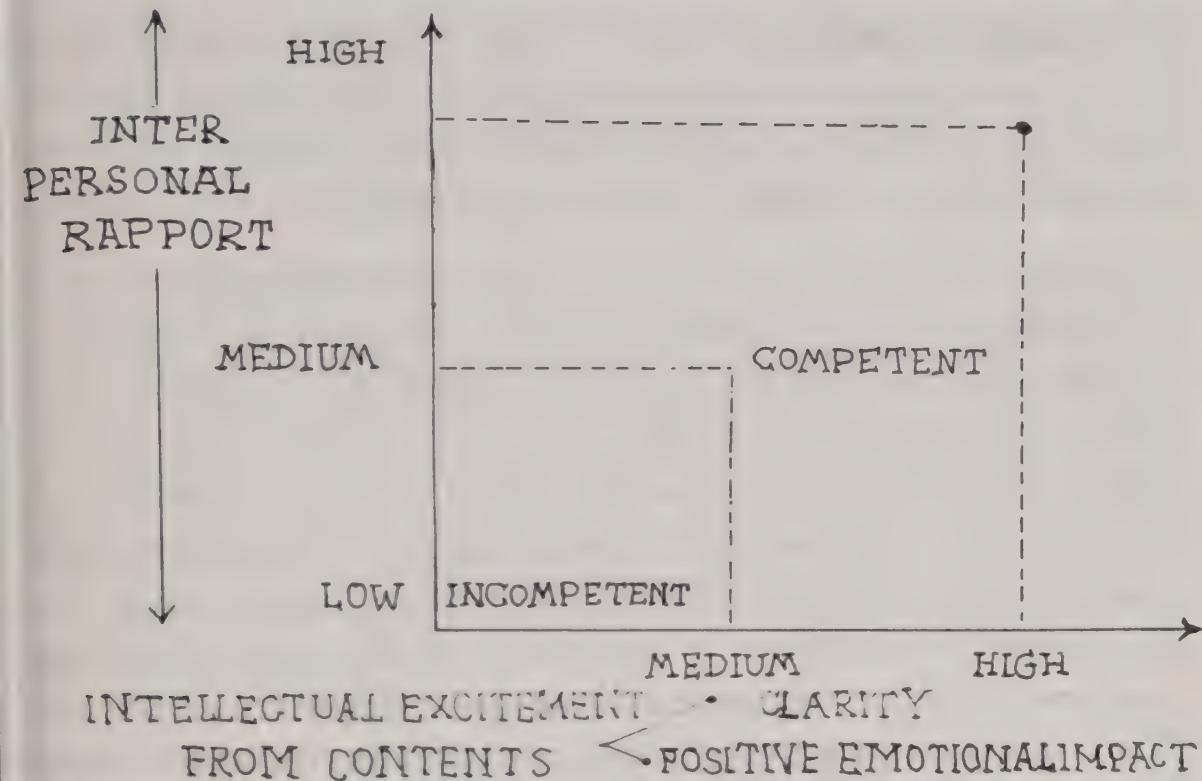
forgotten. The irrelevance of education leads to underutilisation of the education system, pushing children into undesirable lifestyles.

Similarly, many children might physically seem to be active but they might not be really active in the learning process if, they fail to relate their learning with life. The children who might seem very passive physically might be very active learners. Therefore, the onus lies upon the adult to provide an environment conducive to teaching-learning in a guided manner, but providing choice?

A model of the teaching-learning situation developed by Joseph Lowman seeks to encompass and present the dynamics of the situation. Two main factors have been identified as vital in any educational context : interpersonal rapport between teacher/adult and student/children; intellectual excitement. For a fruitful learning environment to evolve, a rapport between teacher/adult and student/children is a must. Apart from this, if the content is clear and has a positive emotional impact on the audience, it brings about intellectual excitement which stimulates learning.

It is the interaction between degrees of interpersonal rapport and intellectual excitement that determines whether a teacher is incompetent, or competent or great.

This phenomenon can be depicted by the following diagram :



In a child-centred activity, children become expressive, active, creative, participative, uninhibited, self-confident, curious, articulate, considerate, will know how to practise what is learnt and will relate it with real life situations. In the process, children will also become more demanding and questioning - this in fact is the tangible result of true, healthy development.

An example of child centred approach

The **Child-to-Child** approach, to date, is the best example of any programme using child-centred approach, in the existing structure. This approach is of, for and by the children. It works with basic understanding to equip children to be resources for change.

Child-to-Child is an approach of activity oriented health education for children. Understanding children's potential, an assumption is made that they can act as change agents in the community by taking the message on health education to the family and the community. The basic philosophy is that every child has the right to learn, enjoy and play at her/his own pace. It, on the one hand, realises their potential and on the other, understands their limitations as children. It integrates health and educational concerns. Thus, it promotes all round development of children. The children are motivated, equipped and encouraged to learn through activity oriented approaches about nutrition and health aspects.

This type of learning enhances the problem solving, communication abilities and confidence among children. Education thus given ensures that information reaches their younger siblings, peers, the family and the community. The

education thus given also makes a difference to the child's own health and overall development. The subject, content and complexity of health information depends on the age and developmental level of children because they are decided by children themselves. Topics are selected where it is certain that children will be able to initiate action.

Activity orientedness of the programme provides a "cafeteria approach" of teaching to the children. It gives them choices in learning at an appropriate pace. It defines the range, the child is free to make choice within the boundaries as to what s/he wants to learn. The transmission/communication of information by children to the community builds up reciprocal and mutual links between children, adults and the family, which is conducive to children's development.

Finally, the approach realises that the children learn best with other children. This, facilitates social development.

Conclusion

Imagine.....

you live in a world where everything ranging from furniture to people appear gigantic,

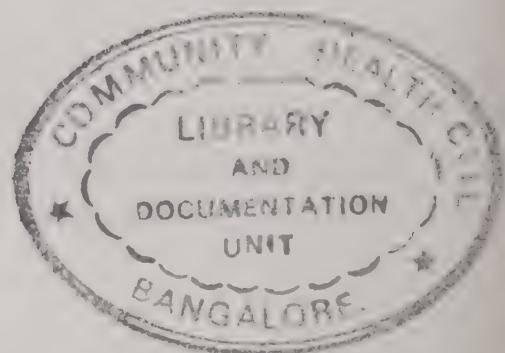
programmes and rules are made for you by others, but you are not consulted,

people get impatient when you try to communicate an idea, a feeling or an emotion,

nobody cares to ask you what you want to do. Instead, people tell you what you should do,

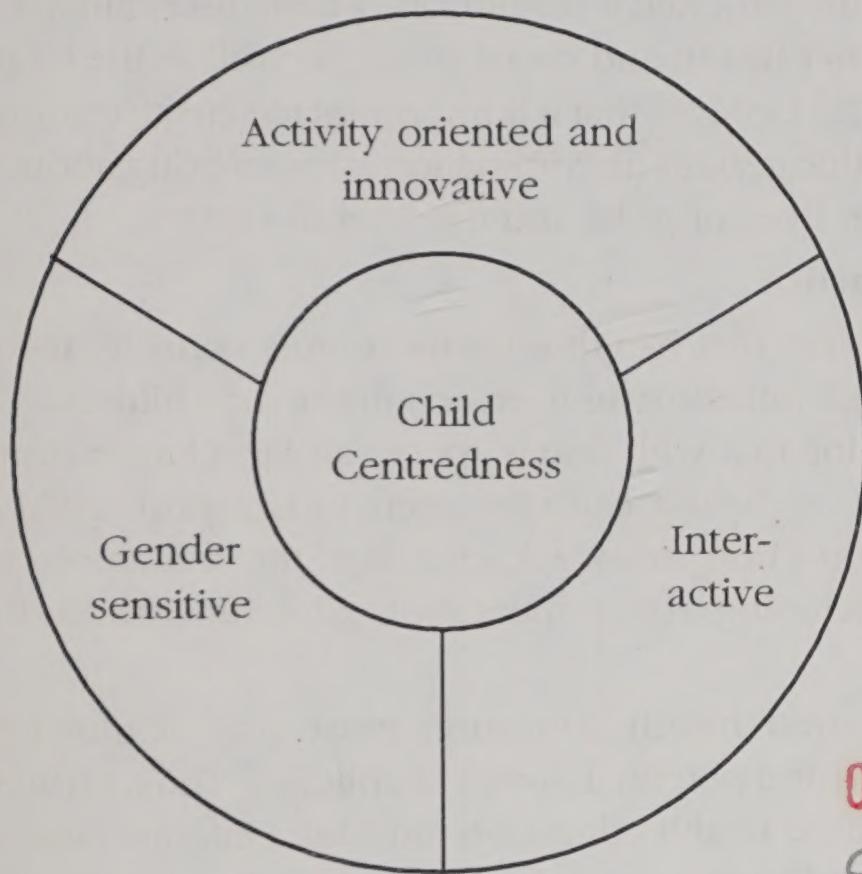
and that's exactly how a child, who is trying to learn, feels in our world.

These are the reasons why we have to be child-centred.



Therefore, the philosophy of the Child Resource Centre (CRC) is to promote and enhance child centred health education. CRC believes in three basic principles essential for successful child centred health education.

Child centred health education is :



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(1) Activity oriented and innovative.

Teaching and learning must be activity based and innovative. These pre-requisites ensure that education is interesting and that it is more effective in the long term.

(2) Gender sensitive

Because the girl-child is continuously been discriminated against, it affects her health and social status, as well as the larger social milieu. CRC believes that it is important to sensitise young minds towards this gender discrimination so as to bring about positive change in lives of girls, and the overall society.

(3) Interactive

CRC believes that health education must consider the existing social and infrastructural environment of children. For one, children interact with family, peers and the larger community. Secondly, as health can't be seen in isolation, child centred health education must acknowledge the influences of other sectors including Government, Non-government and other local bodies.

Child centred health education must also acknowledge the limitations and potential power of children. Thus, in this manner child centred health education must take into account all these interacting factors.

This paper has drawn from:

- Piaget's Theory
- Bronfenbrenner's Ecological Model
- Vygotsky's Theory
- PRIA's manual for Training of Trainers and CHETNA's experiences



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